|  | PATE  | NT APPLIC                                     | Appl                                  | Application or Docket Number                  |                                      |   |  |               |                        |  |
|--|---|---|---------------------------------------|---|--------------------------------------|---|--|---------------|------------------------|--|
| CLAIMS AS EU ED. DADE:                                       |   |   |                                       |   |                                      |   |  | 10 598103     |                        |  |
| CLAIMS AS FILED - PART I SMALL EN (Column 1) (Column 2) TYPE |   |   |                                       |   |                                      |   | ATITY  | j.            |                        |  |
| Ľ  | .S. NATIONA   | L STAGE FEES                                  | 3                                     |   |                                      | RATE                                    | FEE  | RAT           |                        |  |
| BASIC FEE  |   |   | :                                     |   |                                      | BASIC FEE                               |  | OR BASIC FE   |                        |  |
| EXAMINATION FEE  |   |   |                                       |   | <del></del>                          | EXAM. FEE                               | 150  | l             |                        |  |
| SEARCH FEE   |   |   |                                       |   |                                      | SEARCH FEE                              | IDD  | EXAM. FE      |                        |  |
| FEE FOR EXTRA SPEC. PGS.                                     |   |   |                                       | minus 100 =                                   |                                      | -  ·                                    | 250  | SEARCH        | EE                     |  |
| TOTAL CHARGEABLE CLAIMS                                      |   |   |                                       | minus 20 = *                                  |                                      | X \$ 125 =                              | <u>                                     </u> | X \$ 250      | ) =                    |  |
| INDEPENDENT CLAIMS   |   |   | <del></del>                           | minus 3 = .                                   | <del></del>                          | X \$ 25.=                               |  | OR X \$.50    | =                      |  |
| MULTIPLE DEPENDENT CLAIM PRES                                |   |   | RESENT                                | * * * * * * * * * * * * * * * * * * *         |                                      | X \$ 100 =                              |  | OR X \$ 200   | =                      |  |
|  |   | e in column 1 i                               |                                       |   |                                      | + \$ 180 =                              |  | OR + \$ 360   | =                      |  |
|  |   | o in obtaining ( ).                           | s iess man z                          | ero, enter "O" ir                             | n column 2                           | TOTAL                                   |  | OR TOTAL      |                        |  |
|  | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |   |                                       |   |                                      | OTHER THAN SMALL ENTITY OR SMALL ENTITY |  |               |                        |  |
| AMENDMENT A  | Total   | REMAINING<br>AFTER<br>AMENDMENT               |                                       | NUMBER<br>PREVIOUSI<br>PAID FOR               | Y EXTRA                              | RATE                                    | ADDI-<br>TIONAL<br>FEE                       | RATE          | ADDI-<br>TIONAI<br>FEE |  |
|  | ļ   | <del> </del>                                  | Minus                                 | **  | =                                    | X \$ 25 =                               | C  | OR X \$ 50 =  |                        |  |
|  | Independent   | <u>[</u>                                      | Minus                                 | ***   | =                                    | X \$ 100 =                              | 0  | OR X \$ 200 = | =                      |  |
| ·  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                |   |                                       |   |                                      | + \$ 180 =                              |  | R + \$ 360 =  | <u> </u>               |  |
| ••   |   |   | . •                                   |   |                                      | TOTAL ADDIT.                            | 0  | R TOTAL ADDI  | i                      |  |
|  |   | (Column 1)                                    |                                       | (Column 2)                                    |                                      | •                                       |  | FFF           |                        |  |
| \$ <b> </b>  |   | CLAIMS<br>REMAINING                           | T                                     | HIGHEST                                       |                                      |   |  |               |                        |  |
|  | Total .   | AFTER AMENDMENT                               | <b>1 1 1 1 1 1 1 1 1 1</b>            | NUMBER<br>PREVIOUSLY<br>PAID FOR              | PRESENT<br>EXTRA                     | RATE                                    | ADDI-<br>FEE                                 | RATE          | ADDI-<br>TIONAL<br>FEE |  |
|  |   | *   | Minus                                 | <u> </u>                                      | =                                    | X \$ 25 =                               | OF   | R X \$ 50 =   |                        |  |
|  |   |   | Minus                                 | ***   | =                                    | X \$ 100 =                              | OF   | R X \$ 200 =  |                        |  |
| _  | FIRST PRESE   | NTATION OF M                                  | ULTIPLE DEF                           | ENDENT CLAIM                                  |                                      | + \$ 180 =                              | OR   | + \$ 360 =    | 1                      |  |
|  |   |   |                                       |   |                                      | TOTAL ADDIT.                            | OR   | TOTAL ADDIT   |                        |  |
|  |   | nn 1 is less than the<br>iber Previously Paid |                                       |   |                                      |   |  | ` FFF         |                        |  |
| 71   | ne "Highest Numb  | ber Previously Paid<br>er Previously Paid I   | For" IN THIS 8.<br>For" (Total or Inc | PACE is less than 'S<br>lependent) is the hig | ', enter "3"<br>hest number found in | the appropriate box in                  | column 1.                                    |               |                        |  |